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<i>Effective on 12/08/2004.</i> <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i>		Complete if Known	
FEES TRANSMITTAL		Application Number	10/570,488-Conf. #7587
For FY 2009		Filing Date	November 13, 2006
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		First Named Inventor	Shigehisa WADA
TOTAL AMOUNT OF PAYMENT (\$)		Examiner Name	J. M. Hurst
940.00		Art Unit	1797
		Attorney Docket No.	0599-0213PUS1

METHOD OF PAYMENT (check all that apply)					
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____					
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2448</u> Deposit Account Name: <u>Birch, Stewart, Kolasch & Birch, LLP</u>					
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input type="checkbox"/> Charge fee(s) indicated below			<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17			<input checked="" type="checkbox"/> Credit any overpayments		

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fees Paid (\$)
Utility	330	165	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____
2. EXCESS CLAIM FEES							
Fee Description							
Each claim over 20 (including Reissues) Small Entity Fee (\$) Fee (\$)							
Each independent claim over 3 (including Reissues) 52 26							
Multiple dependent claims 220 110							
Multiple dependent claims 390 195							
Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims							
$\text{Fee Paid ($)} = \text{Fee ($)} \times \text{HP}$ $\text{HP} = \text{highest number of total claims paid for, if greater than 20.}$							
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)							
$\text{Fee Paid ($)} = \text{Fee ($)} \times \text{HP}$ $\text{HP} = \text{highest number of independent claims paid for, if greater than 3.}$							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
$\text{Fee ($)} = \text{Fee ($)} \times \text{HP}$ $\text{HP} = \frac{\text{Number of each additional 50 or fraction thereof}}{50}$ $\text{Fee ($)} = \text{Fee ($)} \times \text{HP}$							
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 CFR 1.16(s)) 810.00							
1251 Extension for response within first month 130.00							

SUBMITTED BY					
Signature			Registration No. (Attorney/Agent)	32,868	Telephone (703) 205-8000
Name (Print/Type)			Andrew D. Meikle	Date	December 17, 2009